



Virginia Department of Game and Inland Fisheries Complementary Work Force Program

CERTIFICATION AND AUTHORIZATION FOR CRIMINAL AND TRAFFIC HISTORY RECORDS CHECK

Please Type or Print:

Applicant: _____
First Name Middle Name Last Name (Nickname)

Address: _____

City _____ State _____ ZIP _____

County of Residence: _____ E-mail Address _____

Phone Home: (____) _____ Work: (____) _____ Cell (____) _____

Social Security # or Valid Operators ID # and State Issued: _____

Date of Birth: (MM/DD/YY) _____ SEX: _____ RACE: _____

Have you ever been charged with or convicted of a felony violation of the law? ☐ Yes ☐ No

Have you ever been charged with or convicted of **any** violations of the law, including moving traffic violations?
☐ Yes ☐ No (Note: Past violations do not necessarily make you ineligible to participate, but must be disclosed for consideration. Failure to report may lead to automatic denial or dismissal from the program.)

If you answered **yes** to either of the above questions, please list the offense, any conviction or outcome, and the approximate date of conviction or charge (use back of form if necessary).

The undersigned certifies that all information provided on this form is true and complete, and understands that any falsification or omission of information, regardless of time of discovery, may be grounds for denial or dismissal from the Complementary Work Force Program. The undersigned further agrees to permit the Department of Game and Inland Fisheries to perform criminal and traffic history records checks as a condition of his/her participation in the Complementary Work Force Program. *The undersigned agrees that a copy or facsimile of this original authorization may be used to perform these record checks.*

APPLICANT'S SIGNATURE: _____ DATE: _____

DGIF DISPATCH USE ONLY – 'HISTORY' RECORDS CHECK

CH VCIN/NCIC ☐

DGIF RECORDS ☐

DMV HISTORY ☐

DGIF Dispatcher Initials: _____ Date Checked: _____ Date Mailed: _____

(Attach any related 'History' checks and mail to Region CPO Designee along with the original form)

DGIF CPO/COORDINATOR REVIEW

REGION: _____

REVIEWER(S) TITLE/ NAME: _____ (2nd) _____

Does Applicant Meet Program Screening Criteria? ☐ Yes ☐ No If No, please provide a brief explanation:

Reviewer Determination: ☐ Accepted

☐ Denied

Driving Restrictions, If Any? ☐ None

☐ Can't Operate State Vehicle

Date Reviewed: _____ Date Mailed to Coordinator: _____

Signature of State Coordinator: _____ Date: _____